

# **Exhibit 14**

REPORTER'S RECORD  
VOLUME OF VOLUMES  
TRIAL COURT CAUSE NO. DC-12-14350

LINDA BATISTE ) IN THE DISTRICT COURT  
)  
)  
vs. ) DALLAS COUNTY, TEXAS  
)  
JOHN ROBERT MCNABB, M.D., )  
JOHNSON & JOHNSON, AND )  
ETHICON, INC. ) 95TH JUDICIAL DISTRICT

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TRIAL ON THE MERITS

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On the 27th day of March, 2014, the following proceedings came on to be held in the above-titled and numbered cause before the Honorable, Judge Ken Molberg Presiding, held in Dallas, Dallas County, Texas.

Proceedings reported by computerized stenotype machine.

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Official Court Reporter, 95th District Court  
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1 mesh. When a surgeon makes -- has to tie a knot,  
2 intraoperatively, you know, we go once, twice, three --  
3 up to five times. And then the assistant will cut the  
4 mesh. You got two little spikes because that's -- if  
5 you -- if you tie your shoelaces exactly the same,  
6 right, the two things that stick out, that, to me, is  
7 fraying.

8 And so is that an issue? Well, if it  
9 would be an issue, we probably wouldn't be able to do  
10 coronary artery bypass grafts. We wouldn't be able to  
11 operate on patients that need a graft to provide blood  
12 to their brain, so it -- it's not an issue. They -- the  
13 tissue ingrowth around is perfectly normal.

14 Q. Now, Doctor, with regard -- there's been  
15 testimony about laser cut and machine cut, as we've seen.  
16 Do you know approximately when Ethicon started  
17 manufacturing laser cut mesh for TVT-O?

18 A. I think it was 2007, 2006 or 2007.

19 Q. All right. And at the time that the company  
20 started that, did the company, did they sell both, or was  
21 it -- did everything shift over to laser cut?

22 A. Yeah. So we still sell both.

23 Q. And why did Ethicon develop a laser cut mesh?

24 A. The reason was we -- certain surgeons didn't  
25 like to -- so when you cut a mesh, the way it's weaved,

1 sometimes little particles -- and maybe you should have  
2 shown it on the picture earlier, if you can put it up  
3 again.

4 Q. Sure.

5 A. You see little blue -- blue dots on the -- on  
6 the left-hand side, so it's -- some of the particles  
7 would come lose at the ends of the tape. That's particle  
8 loss. Certain surgeons didn't want to see that. And  
9 they said, make us a mesh that doesn't have these little  
10 particles losing, and that's what we did.

11 Other surgeons said, you know, I kind of  
12 like that fraying. I feel it's adds a little bit of  
13 Velcro effect, and so we -- we offer both, and it's --  
14 it's a surgeon's preference without a clinical impact.

15 Q. Have any studies demonstrated a superiority in  
16 terms of safety and efficacy of laser cut over mechanical  
17 cut?

18 A. No. And, you know, we've now got data from TVT  
19 from the late '90s until mid 2010 now, and you see no  
20 shift or no -- no differences being reported.

21 Q. And, Doctor, with respect to those particles,  
22 what are the particles? What -- I mean, what is -- these  
23 things right here, is this PROLENE?

24 A. Well, yes. It's -- it's -- it's just the top  
25 portion, the little tip of the mesh ends that has come

1 loose.

2 Q. All right. And has that been tested for  
3 biocompatibility?

4 A. Well, of course. It's the same mesh as -- it's  
5 still PROLENE. So it would be like if you -- if you cut  
6 a suture and a little piece of the suture drops into the  
7 patient, that is pretty much what it comes down to. But  
8 they're very, very small.

9 Q. Has particle loss -- in the studies that  
10 you've reviewed, has particle loss been identified as a  
11 significant clinical concern for TVT-O patients, for TVT  
12 patients.

13 A. No. It is not an issue at all.

14 Q. Doctor, I want to talk to you about TVT  
15 Abbrevio. Could you just describe for the jury what --  
16 the jury's heard a little bit about TVT Abbrevio, but if  
17 you would just refresh their recollection of what that  
18 is.

19 A. TVT Abbrevio looks exactly like the TVT-O I hold  
20 here, except -- so what happens -- and I'm just trying to  
21 get it right here -- at the end of the procedure, you  
22 leave behind only the bit that's -- that stays in the  
23 muscles. So it would be about -- and I'm from  
24 20 centimeters would stay behind, so 10 centimeters on  
25 each side of the mesh would stay inside the patient.